

State of Minnesota

District Court

County _____

Judicial District: _____

Court File Number: _____

Case Type: _____ Dissolution without Children

In Re the Marriage of:

Name of Petitioner

and

Affidavit of Service by Mail

Name of Respondent

STATE OF MINNESOTA)
) SS
COUNTY OF _____)
(County where Affidavit signed)

I, _____, state that I am at least 18 years of age having been born on _____, and that on _____, I served the following papers: _____

(list all papers mailed to the other party)

by placing in an envelope a true and correct copy of each document addressed to _____ at _____ in the City of _____, State of _____, Zip Code _____ and depositing the envelope, with sufficient postage, in the United States Mail at the Post Office located in the City of _____ in the State of _____.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated: _____

Signature of Person Who Mailed Documents

Name: _____

Address: _____

City/State/Zip: _____

Telephone: (_____) _____

E-mail address: _____